

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 1-20798		<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE		LOCAL FILE NO.											
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2	CRASH SEVERITY (CHECK MOST SEVERE)		<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input checked="" type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED										
IN COUNTY OF WARREN		IN CITY		LEBANON		DATE OF CRASH		12/19/19		TIME: MILITARY 1322											
CRASH OCCURRED ON		1330 Columbus Ave, Lebanon OH 45036		WITHIN THE INTERSECTION OF																	
IF NOT IN INTERSECTION		N E OF		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE											
LOG-1		LOG-2		LOC JUR FH9 FILT																	
A	UNIT NO. 1	NO OF OCCUPANTS	1	OPERATING	<input checked="" type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN NON CONTACT	<input type="checkbox"/>										
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Clemmons, Brian		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		2260 Joshua Cir, Middletown, OH 45044		INSURANCE CO OR AGENT		21st Century Centennial											
PHONE NO.		12/17/70		AGE	43	SEX	M	SOCIAL SECURITY NO.		STATE	OH										
OWNER (IF SAME AS DRIVER, WRITE SAME)		Clemmons, Lester		ADDRESS		1317 Double Eagle Ct, Lebanon OH		PHONE		(513) 282-8108											
VEH YR	08	MAKE	Chevy	MODEL	Silverado	COLOR	Black	STYLE	TK	STATE	OH										
LICENSE PLATE NO.		ENR2736		TOWING SERVICE				VEH/PED DIR		FROM N TO E											
CIRCLE DAMAGE AREAS				DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY											
VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE															
8	UNIT NO. 2	NO OF OCCUPANTS	0	OPERATING	<input type="checkbox"/>	PARKED	<input checked="" type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN NON-CONTACT	<input type="checkbox"/>										
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				INSURANCE CO. OR AGENT													
PHONE NO.				BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.											
OWNER (IF SAME AS DRIVER, WRITE SAME)		Grubb, Michael		ADDRESS		1024 Cottonwood Dr, Loveland OH		PHONE		(513) 292-8073											
VEH YR	13	MAKE	Ford	MODEL	Escape	COLOR	Red	STYLE	SW	STATE	OH										
LICENSE PLATE NO.		FZV4758		TOWING SERVICE				VEH/PED DIR		FROM TO											
CIRCLE DAMAGE AREAS				DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY											
VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE															
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES											
		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F											
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		A B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED											
		ADDRESS		PHONE		SEX				CONDITION											
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		A B C D E F		7											
		ADDRESS		PHONE		SEX				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN											
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		A B C D E F		ALCOHOL											
		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F											
A	B	C	INJURED TAKEN TO		By		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN										
D	E	F	INJURED TAKEN TO		By		A B C D E F		EJECTION		DRUGS										
A	B	C	OFFENSE CHARGED AND DESCRIPTION				A B C D E F		A B C D E F		A B C D E F										
O			OFFENSE CHARGED AND DESCRIPTION				A B C D E F		A B C D E F		A B C D E F										
RECEIVED CALL		1322		DISPATCHED		1324		ARRIVED		1329		CLEARED		1343		OTHER TIME		TOTAL MINUTES		21	
DATE REPORT FILED		M D Y		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG							